

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		04/28/00
O.I.P.E. CLASSIFIER	<i>AW</i>	3-✓	5/3
FORMALITY REVIEW		71568	6-21-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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